



Application for Temporary Licensure as an Out-Of-Hospital Emergency Care Provider

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

Check the level of license for which you are applying: Please print or type application

SECTION A – Application For Temporary Licensure	
<input type="checkbox"/>	Emergency Medical Responder
<input type="checkbox"/>	Emergency Medical Technician
<input type="checkbox"/>	Advanced Emergency Medical Technician
<input type="checkbox"/>	Paramedic

SECTION B - Personal Information: This section is public information and will be displayed on the internet http://www.nebraska.gov/LISSearch/search.cgi . NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.			
Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other names you are known as (AKA)	
Present Address	Street/Box/Route:		
	City:	State:	Zip:

Additional information requested – This information is not displayed on the internet			
Date of Birth	Month/Day/Year	Place of Birth:	City/State or Country
Phone #: (optional)		Fax # (optional)	
E-Mail Address: (optional)			

SECTION C – Identification Information			
Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number (“A#”); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	SSN#	
		A#	
		I-94#	
If you have both a SSN and an A# or I-94 number, you must report both. <u>Neb. Rev. Stat. §38-123</u> mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue. SEE NOTE – ITEM 4 FOR A LIST OF DOCUMENTATION THAT MUST BE SUBMITTED.			

SECTION D – Training Information	
List the Training Course Completion Date:	List the Training Agency Name:
<ul style="list-style-type: none"> A copy of course completion certificate at the level for which you are applying; AND A copy of your current Cardiopulmonary Resuscitation Certification; AND Evidence of age (See Note - Item 1); AND Proof of citizenship (See Note – Item 4); AND A copy of a certified birth certificate or US passport may be sent to show proof for evidence of age and proof of citizenship. 	

SECTION E – Examination		
Have you registered to take the National Registry Examination at the level you are applying for	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date you are taking the examination: _____		

SECTION F – Ambulance Service Affiliation			
Name of Service			
Service Address	Street/PO/Route:		
	City:	State:	Zip:
_____ Signature Of Officer Of Your Service Responsible For Documentation Of Supervision.			

SECTION G – Conviction Information – Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.			
Have you ever been convicted of a misdemeanor or a felony	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, state what crime, date of conviction, name, location of court (City, County, State)			
Crime	Date of Conviction	Name and Location of Court	
If you answered YES to the question above, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • A copy of the Court Record, which includes charges and proof of completion; • Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; • All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; • A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation; 			

SECTION H – Practice Prior To Temporary Licensure – An individual who practices prior to licensure of a credential is subject to assessment of an Administrative Penalty of \$10.00 per day up to \$1,000.00 or such other action as provided in the statutes and regulations governing the credential.		
Have you actively practiced in Nebraska prior to the temporary license at the level for which you are applying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how many days have you practiced in Nebraska at the level for which you are applying?	# of Days	

SECTION I - Attestation

For the purpose of complying with Neb. Rev. Stat §38-129, I attest as follows:

Please check the appropriate box below:

- ☐ I am a citizen of the United States; or
- ☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.; or
- ☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

I have read the application or have had the application read to me;

1. All statements on the application are true and complete;
2. I am of good character; and
3. I have not committed any act that would be grounds for denial under Neb. Rev. Stat §§38-178 and/or 38-179. If you have committed an act(s) you must provide an explanation of all such act(s).

SEE NOTES FOR INFORMATION ON DOCUMENTATION THAT MUST BE SUBMITTED

Print Name: _____

Signature: _____ Date: _____

NOTE: The applicant must submit the following documentation:

Age: Evidence of at least 18 years of age (i.e.: US passport and/or copy of birth certificate) will meet the document requirements for age and citizenship in item number five;

1. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
2. **Conviction Information:** If you have been convicted of a felony or misdemeanor, **you must submit:**
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
3. **Citizenship, lawful permanent residence, and/or immigration status Information:** You must submit a copy of at least one of the following documents:

Any of the following documents provide proof of United States Citizenship:

- a. A U.S. Passport (unexpired or expired);
- b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- c. An American Indian Card (I-872);
- d. A Certificate of Naturalization (N-550 or N-570);
- e. A Certificate of Citizenship (N-560 or N-561);
- f. Certification of Report of Birth (DS-1350);
- g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- h. Certification of Birth Abroad (FS-545 or DS-1350);
- i. A United States Citizen Identification Card (I-197 or I-179);
- j. A Northern Mariana Card (I-873);

Any of the following documents provide proof of lawfully admitted/present in the United States:

- a. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- b. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- c. A document showing an Alien Registration Number ("A#"); or
- d. A Form I-94 (Arrival-Departure Record);
4. **Education:** An official college/university transcript or course completion certificate;;
5. Current Cardiopulmonary Resuscitation certification.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.